

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | ER       | 706    | 01-20-01 |
| RESPONSE FORMALITY REVIEW | AM       | 657    | 6/15/01  |

JCS PDS

2/21/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
|----------|------|
| Final    | 9/5  |
| Original | X/25 |
| 1        | V✓   |
| 2        | V✓   |
| 3        | V✓   |
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| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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